

Minority Business Participation Annual Sub-contractor Report

Instructions: Complete and return to (Agency Name):

Contract #:	Period Covered (mm/yy to mm/yy):	Report Date (mm/dd/ccyy):
-------------	----------------------------------	---------------------------

Project Name:

Prime Vendor/Contractor Name and Address:	FEIN#:
---	--------

Minority Vendor/Contractor Name	Product/Service Purchased	Agreement Date (mm/dd/ccyy)	Subcontract \$ Amount

If no business was awarded to minority business firms for this period, please describe the efforts made to encourage minority business participation. (Attach additional sheet if necessary)

I certify that the information contained on this report is true and accurate and that I am an authorized representative of the prime vendor/contractor identified above.

By: _____ Title _____
Authorized Representative (print name)

Authorized Representative Signature